MONTANA BOARD OF NURSING
P. O. Box 200513
(301 S PARK, 4TH FLOOR - Delivery)
Helena, Montana 59620-0513
(406) 841-2345 or 841-2397 FAX (406) 841-2305
E-MAIL: dlibsdnur@mt.gov WEBSITE: www.nurse.mt.gov

The form must be typed or completed on-line. Handwritten applications will be returned.
(Please allow 30 days for processing from the date that the Board has a completed routine application)

APRN LICENSE REQUIREMENTS

- Must be licensed and maintain an active RN license in Montana.
- Applicants for recognition in the APRN areas of CNM, NP, CNS and CRNA shall possess the following educational and certification qualifications.
- Successful completion of a post basic professional nursing education program in the APRN area of specialty with the minimum length of one academic year consisting of at least 250 hours of didactic instruction and 400 hours under a preceptor, and individual certification from a board approved certifying body for those recognized prior to July 1, 1995.
- For original recognition after June 30, 1995, a masters degree from an accredited nursing education program, as defined in (a) which prepares the nurse for the APRN recognition applied for; an individual certification from a board approved certifying body. APRNs who have completed an accredited advanced practice registered nurse program and obtained national certification prior to June 30, 1995 may be recognized in Montana.

EXAMINATION INFORMATION:

- National certification exam in specialty area from one of the following certifying bodies:
- American Nurses Credentialing Center (ANCC)
- American College of Nurse Midwives Certification Council (ACC)
- American Association of Nurse Practitioners (AANP)
- Councils on Certification and Recertification of Nurse Anesthetists (CCRNA)
- Pediatric Nursing Certification Board (PNCB)
- National Certification Council (NCC)
- American Association of Critical Care Nurses (AACN)

INITIAL EDUCATION REQUIREMENTS FOR PERSCRIPTIVE AUTHORITY:

- For initial Prescriptive Authority Applications, 15 continuing education units (CEU) in the last three years. A unit is 50 minutes of instruction. Six of the 15 CEUs must be within the last year. Two of those six must be face-to-face instruction. At least 6 of the fifteen total must be face-to-face instruction. The date your application is received will determine the end date of your CEUs. All CEUs submitted must be obtained within this three-year period.
- For new graduates, pharmacology courses taken as part of the Master's and advanced practice curriculum may be used to meet the initial pharmacy education requirements.
- Evidence of successful completion of a graduate level course in pharmacology providing a minimum of 3 academic hours equaling 45 contact hours in pharmacotherapeutics and the clinical management of drug therapy related to the applicant's specialty area, from an accredited body which have been obtained within a two-year period immediately prior to the date application is received at the Board office.

TEMPORARY PERMIT:

- Temporary permits are available for new APRN graduates, after the certifying body has notified the Board office that the applicant is qualified to sit for the exam.

- The temporary permit is valid only until the applicant passes the first available certification exam. If the applicant does not pass the first available certifying exam, the temporary permit is null and void, and the applicant shall return it to the Board office.
- Application for APRN recognition must be submitted with the Temporary Permit Application along with supporting documents and an additional $35.00 fee before the temporary permit will be issued.

FEES **$ 100.00 – Prescriptive Authority**
$ 75.00 – For EACH APRN specialty licensure (NP, CNM, CRNA and CNS)
$ 35.00 – Temporary Permit Fee

****Can be paid by check, money order, VISA/MasterCard or e-check. Make check or money order payable to the Montana Board of Nursing****

DOCUMENTS The following documents must be submitted to the Board office in order to complete your license application. Please make 8 ½" x 11" copies of the following and submit with your application.

- **An official transcript from the APRN's educational institution. The transcript must include the institution's official seal.**
- **A copy of current national certification in advanced practice register nurse specialty.**
- **The following must <u>also</u> be submitted if applying for prescriptive authority:**
  - **Prescriptive Authority Practice Site form**
  - **Initial Prescriptive Authority Continuing Education form with certificate of completion/attendance**
  - **Quality Assurance review form**

APPLICATION PROCEDURES

- When the application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.
- If the application is considered an irregular application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. Irregular applications may take up to 120 days to process.
- Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

PROCESSING PROCEDURES

- Once a routine application is complete, the application takes up to30 days to process from the time it is received in the Board office.
- The applicant will be notified in writing of any deficient or missing items from the application file.
- Once a routine application is processed and approved a permanent license will be issued.

For information with regard to the processing of this application or other concerns please contact the Board of Nursing staff at 406-841-2397 for APRN and endorsement applications, or 406-841-2345 for examination application, or email us at dlibsdnur@mt.gov.

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF NURSING
OUR WEBSITE: www.nurse.mt.gov

MONTANA BOARD OF NURSING
(301 SOUTH PARK, 4TH FLOOR - Delivery)
P. O. Box 200513
Helena, Montana 59620-0513
(406) 841- 2397 or 841-2345 FAX (406) 841-2305
E-MAIL: dlibsdnur@mt.gov WEBSITE: www.nurse.mt.gov

ADVANCED PRACTICE REGISTERED NURSE APPLICATION:

Request for Licensure as:

☐ **CNS (Not eligible for prescriptive authority)**

☐ **CNS-PMH** ☐ **CNM** ☐ **CRNA** ☐ **NP** **Prescriptive Authority** ☐ **Yes** ☐ **No**

Allow 30 days from the date the Board has a complete routine application file for licensure.

The form must be typed or completed on-line. Handwritten applications will be returned.

1. Name: _____
Last *Maiden* *First* *Middle*

2. Address: _____
Street City State Zip

3. SS#: _____ Birthdate: _____

4. Montana RN License #: _____ 5. Phone #:_____

6. Educational Preparation:

Program & Preceptor	Name & Location of Educational Institution	Dates Attended From	To	Degree or Document Awarded

7. National Certification Information:

Certifying Body	Title of Exam Taken	Date of Exam	Original Certification Number	Date of Original Certification	Current Expiration Date

8. Reference Sources and Practice Standards Used In Your Practice:

Title	Year	Author(s)

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Nursing.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

_____ _____
Legal Signature of Applicant Date

Subscribed and sworn to before me this _____ day of _____, _____at

_____.
City/State

_____
Signature of Notary Public

SEAL

_____
Notary Public Printed Name

_____
For the State of

My commission expires _____, _____.

MONTANA BOARD OF NURSING
(301 SOUTH PARK, 4TH FLOOR - Delivery)
P. O. Box 200513
Helena, Montana 59620-0513
(406) 841- 2345 or 841-2397 FAX (406) 841-2305
E-MAIL: dlibsdnur@mt.gov WEBSITE: www.nurse.mt.gov

Montana Board of Nursing Practice Site Form
(Must be typed or completed online.)

1. Montana Practice Site: _____
Name of Employer/Business

_____
Street City Zip

_____
Date of employment as an APRN

2. Type of Practice: ☐ Joint Practice with # ____ Physicians # ____ APRNs
☐ Independent Practice
☐ Other _____

3. Typical Caseload:

Patient Type	# Patients/ Month	Presenting Problem	Type of Care

4. Referral Method and Documentation:
a. List criteria for referral:

_____
_____
_____

b. Referral sites used:

_____
_____
_____

c. Process for making referrals and follow-up:

_____
_____
_____

5. Method of Quality Assurance: * attach quality assurance review form to application

Name of Reviewer	Specialty	# Or % of charts reviewed

MONTANA BOARD OF NURSING
P. O. Box 200513
(301 S PARK, 4TH FLOOR - Delivery)
Helena, Montana 59620-0513
(406) 841-2397 or 841-2345 FAX (406) 841-2305
E-MAIL: dlibsdnur@mt.gov WEBSITE: www.nurse.mt.gov

Initial Prescriptive Authority Continuing Education Form
(Must be typed or completed online.)

EDUCATION IN PHARMACOTHERAPEUTICS: (attach documentation*)

1. Over the past three years you must have:
   - **15 CEU** in Pharmacotherapeutics (graduate level pharmacology course fulfills this requirement for new graduates)
   - No less than **5 CEUs** must be face-to-face
   - No more than **2 CEUs** of herbal or complimentary therapy
2. Over the past year you must have:
   - **6 CEUs** in Pharmacotherapeutics
   - At least **2 CEUs** of face-to-face
3. CEUs should be predominately in your specialty certification/practice
   - Face-to-face includes conferences, seminars, workshops, and live, interactive video/teleconference presentations.
   - Independent study includes online, phone conference, video presentations and other independent study formats.

***Documentation includes certificate of completion/attendance with pharmacology hours identified (course syllabus/agenda or objective/description must be sent if pharmacology hours are not broken down)**

PHARMACOTHERAPEUTIC CONTINUING EDUCATION UNIT (CEU) DOCUMENTATION

Name of Program	Type (check box)	Dates Attended	Pharmacology Hours	General Hours
	☐ Face to face ☐ Independent Study			
	☐ Face to face ☐ Independent Study			
	☐ Face to face ☐ Independent Study			
	☐ Face to face ☐ Independent Study			
	☐ Face to face ☐ Independent Study			
	☐ Face to face ☐ Independent Study			

MONTANA BOARD OF NURSING
P. O. Box 200513
(301 S PARK, 4TH FLOOR - Delivery)
Helena, Montana 59620-0513
(406) 841-2397 or 841-2345 FAX (406) 841-2305
E-MAIL: dlibsdnur@mt.gov WEBSITE: www.nurse.mt.gov

APRN TEMPORARY PERMIT APPLICATION

Application for APRN recognition must be submitted with this Temporary Permit Application along with supporting documents.

1) Name: _____
First Middle Last

2) Consultant*: _____
Name Specialty

_____
Address

3) Employer: _____
Name

_____
Address

I hereby certify that the information is true and correct. I certify that I am accepted to take the first certifying examination since completion of my APRN program. I understand that I am obligated to inform the Montana State Board of Nursing office immediately upon receipt of examination results. Failure to do so can result in disciplinary action.

Signature of Applicant: _____

Date: _____

Affidavit of consultant:

I, _____agree to be the consultant

For_____

While he/she is practicing as an APRN on a temporary permit. I understand I must be available to him/her at all times.

Signature of Consultant :_____Date:_____

*8.32.308(4) The graduate APRN working with a temporary APRN permit, must have a consultant. The consultant must be recognized as a Montana advanced practice registered nurse, or physician whose practice encompasses the scope of the graduate APRN and must be available to the graduate APRN at all times.
(History: Sec. 37-1-305, 37-8-202, MCA; IMP, Sec. 37-1-305, 37-1-319, 37-8-202, MCA; NEW, 1996 MAR p. 419, Eff. 2/9/96; AMD, 2000 MAR p. 2681, Eff. 10/6/00.)

MONTANA BOARD OF NURSING
P. O. Box 200513
(301 S PARK, 4TH FLOOR - Delivery)
Helena, Montana 59620-0513
(406) 841-2345 OR 841-2397 FAX (406) 841-2305

VIRTUAL TERMINAL PAYMENT FORM

For this service the Business Standards Division now accepts credit card payments using either Master Card or Visa or an electronic check **(please do not send cash)**. You may fill in the appropriate form below to submit payments. ***This document will be destroyed after the payment is processed.*** For a complete list of services for which the division accepts credit card payments or e-checks, please see: http://discoveringmontana.com/dli/bsd/forms.asp.

☐**Visa** ☐**Master Card** **Amount to be billed:** ☐☐☐☐.☐☐

Credit Card #: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date: ☐☐/☐☐

Name on Card: _____

Important: This transaction will appear on your credit card statement as: **Discoveringmontana-SC.**

E-Check Information

Name (First, Last): _____

Name of Bank: _____

Routing Number: _____

Account Number: _____

Amount to be billed: ☐☐☐☐.☐☐

Important: This transaction will appear on your bank statement as an electronic transaction with the words: **Montana Interact BSD-VT.**